## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A93000001312**

1. Entity Name MARCO MOVIE THEATER, LTD.



Principal Ptace of Business 599 SOUTH COLLIER BLVD. MARCO ISLAND, FL 34145 Mailing Address

4851 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103

## FILED Mar 06, 2006 08:00 AM Secretary of State



01112006 No Chg-LP

CR2E003 (11/05)

4.	FEI Number	
	65-0455296	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B 4851 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103 DO NOT WRITE IN THIS SPACE

		IN THIS STACE	
8. The above the obligat	ions of registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 1300000455722 03715706 - 30070 - 001 500 00	
	Signature, typed or printed name of registered agent and fills if applicable.	USIE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	)	
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the fo	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  orm; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION	- Commission of the Commission	
OGCUMENT # NAME	P93000019701 MARCO MOVIES, INC.	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP	4851 TAMIAMI TRAIL NORTH, #300 NAPLES, FL 34103		
DOCUMENT # NAME			
STREET ADDRESS CITY-ST-ZIP			
DOCUMENT /		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
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STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			
GUNTED WATER	(		

14. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a General Partner of the limited partnership or the receiver or trustee employees to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

113/5 (235) 430-8